Application & Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE [OR SMALL ENTITY **TOTAL CLAIMS** RATE FEE RATE FEE **FOR** NUMBER FILED NUMBER EXTRA BASIC FEE 385.00 OR BASIC FEE 770.00 TOTAL CHARGEABLE CLAIMS minus 20= X\$ 9= X\$18= OR INDEPENDENT CLAIMS minus 3 = X43= X86= OR MULTIPLE DEPENDENT CLAIM PRESENT +145= +290= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN (Column 1) (Column.2) SMALL ENTITY (Column 3) OR SMALL ENTITY CLAIMS HIGHEST REMAINING ADDI-NUMBER PRESENT ADDI-AMENDMENT **AFTER PREVIOUSLY** RATE TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total Minus X\$ 9= X\$18= OR Independent 16 Minus X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145= +290= OR TOTAL TOTAL OR ADDIT. FEE 3 ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING ADDI-NUMBER ADDI-**PRESENT** AFTER PREVIOUSLY RATE TIONAL **EXTRA** RATE TIONAL AMENOMENT PAID FOR FEE. FEE Total Minus X\$ 9= X\$18= OR Independent Minus X43= X86= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR +145= +290= OR TOTAL TOTAL OR ADDIT, FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O REMAINING NUMBER ADDI-PRESENT ADDI-AFTER PREVIOUSLY RATE . TIONAL **EXTRA** RATE TIONAL AMENDMENT PAID FOR FEE FEE Total -Minus X\$ 9= X\$18= OR Independent Minus . ·X43= FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X86= OR +145= +290= OR If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20." TOTAL TOTAL OR --- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT, FEE ADDIT, FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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1	EV 42689	U.S. Express Mail" Under 37 C.F.R. 27317 US Date of Deposit:	الالالالا	1
	TO ADDRESSEE" service under 37 C.F.R. 1.10 on the date	I with the United States Postal Service te indicated above and is addressed to	e "EXPRESS MAIL POST OFFICE the Assistant Commissioner For	
•	Patents, Washington, DC 20231. Name: Laurie de Leon, A A	6/23/104		
	Signasura	Date		
	IN THE UNITED ST	ATES PATENT AND TRAI	DEMARK OFFICE	0
	In re Application of: Gunn III, et al.		et No. LUX-P003	$_{\alpha}\mathcal{V}\setminus$
	Serial No.: 10/600,563 Filed: 6/19/2003	Examiner: Erd Art Unit: 28		y a
	For: WAVEGUIDE PHOTODETECTOR WI	TH INTEGRATED ELECTR	ONICS	0
	Mail Stop Amendment	•	•	
	Commissioner of Patents P.O. Box 1450			
	Alexandria, VA 22313-1450			
	AMEND	MENT TRANSMITTAL LE	<u>tter</u>	
٠- ٠	Dear Sir:			
	Dear Sir:			
	1. TRANSMITTED DOCUMENTS: the fo	llowing documents relating to	the above-identified patent a	pplication are
	being transmitted herewith.	a: <u>24</u> pages.		
	b. Substituted Formal Drawings:	sheets.		
	 c. A Petition For Extension of Time F d. An Information Disclosure Statement 			
	d. An Information Disclosure Statemer X e. A stamped, self-addressed, return p X f. A Check (# 1072) for \$ 67.		<u> </u>	
	X f. A Check (# 1072) for \$ 67		s of this correspondence.	
	2. APPLICANT FILING STATUS:			
	a. Applicant is a Large Entity.			
	X b. Applicant is a Small Entity.			
	3. EXTENSION OF TIME:			
	a. Applicant petitions for an extension of below (fees pursuant to 37 C.F.R. 1.		for the total number of mon	ths checked
	Extension of Time	Large Entity Fee	Small Entity Fee.	•
	i. One (1) month.	\$ 110.00	\$ 55.00	
	ii. Two (2) month .	\$ 410.00	\$ 205.00	
	iii. Three (3) month .	\$ 930.00	\$ 465.00	

\$ 1,450.00

\$ 1,970.00

X b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time.

iv. Four (4) month.
v. Five (5) month.

Extension Time Fee Total: _____.00__.

\$ 725.00

\$ 985.00

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	70	- 43 =	27	x \$ 18.00 Large Entity x \$ 9.00 Small Entity	\$ 243.00
b. Independent Claims	16	- 6=	10	x \$ 84.00 Large Entity x \$ 43.00 Small Entity	\$ 430.00
c. Multiple Deper	ndent Claims Added	By This Amendment		x 280.00 Large Entity x 140.00 Small Entity	
d. Extension of T	ime Fee Total, if any	, from above EXTER	NSION OF TIME	E section 3a.	\$.00
	s Required With This for Information Disc				\$.00
e. Total Fees					\$ 673.00

5. PAYMENT OF FE	$\mathbf{E}\mathbf{E}$	FE	F I	OF	NT	F	М	Υ	A	P	5
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The full fee due in connection with this communication is provided as follows:

	The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to Deposit Account No: 500482. A <u>duplicate copy</u> of this authorization is enclosed.
	A Check # 1072 for \$ 673.00 for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to Deposit Account No: 500482.
X	Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No: 500482.

Please direct all correspondence concerning the above-identified application to the following address:

FERNANDEZ & ASSOCIATES, LLP **Patent Attorneys** P.O. BOX D Menlo Park, CA 94026-6204

Phone: (650) 325-4999 (650) 325-1203

Respectfully-submitted

DENNIS S. FERNANDEZ

Registration No. 34,160